

CLASSIFICATION AND PERFORMANCE MANAGEMENT RECORD

* ☐ NEW
* ☐ I/A: _____
MR#: _____
IP#: _____

'Performance Plan 'Performance Appraisal 'Performance Recognition 'Progress Review 'Position Description

Employee s Name: _____ Social Security No.: _____

Position Title: _____

Pay Plan, Series, Grade/Step: _____

Organization: 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Rating Period: _____

Covered By: ☐ Senior Executive Service ☐ Other

☐ General Workforce

PART A POSITION DESCRIPTION

POSITION CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.

SUPERVISOR S SIGNATURE

DATE

SECOND LEVEL SUPERVISOR

DATE

CLASSIFICATION CERTIFICATION

OFFICIAL TITLE:

PP:

SERIES:

FUNC:

GRADE:

I/A: ☐ YES ☐ NO

I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME AND TITLE OF CLASSIFIER

SIGNATURE

DATE

PART B PERFORMANCE AGREEMENT

This plan is an accurate statement of the work that will be the basis of the employee s performance appraisal.

NAME AND TITLE OF SUPERVISOR/RATING OFFICIAL

SIGNATURE

DATE

APPROVAL I agree with certification of the position description and approve the performance plan.

NAME AND TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY

SIGNATURE

DATE

EMPLOYEE ACKNOWLEDGEMENT My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.

SIGNATURE

DATE

PRIVACY ACT STATEMENT Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.